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SMITH, QUENTIN M. (Public Health Service), and PENNELL, ELLIOTT H.: Service requirements in dental prepayment: Predictability and adverse selection. *Public Health Reports*, Vol. 76, January 1961, pp. 11-18.

This paper reports the maintenance dental care experience of a group of long-term participants in a simulated dental prepayment plan which was established for study purposes by Group Health Association of Washington, D.C. The data presented demonstrate that the dental service demands of the group followed a generally predictable pattern. Despite wide variations in the demands of individuals and subgroups and trends which reflected year-to-year changes in the character of service requirements, there was consistency in average annual demand levels as measured by number of visits, treatment time, and service costs.

When the members of this group were given the opportunity of electing to continue in the program on a fee-for-service basis, as in the study plan, or on a prepayment basis, those who had had consistently greater dental needs and costs were disproportionately represented among those who chose to join the prepayment plan. The average annual cost per person of providing maintenance dental care to the joiner group under the study plan had been about 25 percent greater than that for the non-joiners. The costs involved subsequently in operating the prepayment plan apparently reflect this adverse selection.

COMSTOCK, GEORGE W. (Public Health Service), and PHILIP, ROBERT N.: Decline of the tuberculosis epidemic in Alaska. *Public Health Reports*, Vol. 76, January 1961, pp. 19-24.

Between 1949 and 1960, three tuberculin surveys have been done among the Eskimo population living in the Yukon-Kuskokwim delta of Alaska. The results of tuberculin tests among children less than 3 years of age were utilized to obtain an estimate of the tuberculosis infection rates. In 1949-51, the average annual infection rate was 24.6 percent;

in 1957, it was 8.5 percent; and in 1960, it was only 1.1 percent. This dramatic decline appears to have resulted not only from improvements in social and economic conditions but particularly from a vigorous antituberculosis campaign with emphasis on casefinding, isolation, and treatment.

STALLONES, REUEL A. (University of California School of Public Health), and CORSA, LESLIE, Jr.: Epidemiology of childhood accidents in two California counties. *Public Health Reports*, Vol. 76, January 1961, pp. 25-36.

Beginning in 1957, reports of accidental injuries of children under 15 years of age were collected from the emergency services of 23 of the 24 non-Federal hospitals of Alameda and Contra Costa Counties, Calif. There were 27,623 case reports in 1957 for an attack rate of 78.2 per 1,000. These data plus data from a 2-week survey of accidental injuries treated in physicians' offices indicated that the total attack rate for medically attended injuries in this age group was approximately 150 per 1,000 children for the year.

The cases were classed according to type of injury and type of accident. Slightly more than half the injuries were contusions, abrasions, lacerations, sprains, or strains. Fractures accounted

for 7 percent; head injuries, 3 percent; burns, 3 percent; and poisonings, 8 percent. By type of accident, falls constituted the largest category, followed by incidents involving being struck by or striking a hard object, ingestion, and automobile accidents.

The overall risk of accidental injury increased rapidly with age to a peak at 2 years, and decreased slowly thereafter. However, sports and games accidents increased throughout the age span and automobile accidents remained high after reaching a peak in a young age group.

These data have been useful in clarifying the relative significance of various kinds of accidents and injuries and in providing information on which to base more intensive studies.

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GOLDSTEIN, HYMAN (Public Health Service): *Problems of the statistician in collaborative research.* Public Health Reports, Vol. 76, January 1961, pp. 43-50.

The problems of the statistician in collaborative research are outlined, using as an example a multi-institutional and multi-discipline study, supported and co-ordinated by the National Institute of Neurological Diseases and Blindness, to determine the relationship of certain biological, genetic, and environmental factors in the parents to the occurrence of abnormalities in the products of conception. This study of 50,000 pregnancies, with followup of live offspring to 6 years of age, involves the cooperative efforts of 15 institutions throughout the country.

The low incidence of many conditions and defects in the products of conception and the great number of variables in the

study make necessary supplementation of this prospective study by various methods, such as retrospective studies. Case selection problems are discussed, particularly as they concern suggestions by clinicians (a) to oversample high-risk cases to increase yield of defective outcomes or (b) to relate solutions of these problems to ease and consistency of data collection. The problems to be faced in sample maintenance are emphasized. The questions of bias, uniformity, reliability, and validity of collected data, as well as contemplated methodological tests, are reviewed. Some proposed approaches to analysis of the data are indicated.

BEARD, J. HOWARD, and WOHLGEMUTH, MARGARET C. (Anne Arundel County Health Department): *Maryland citizens in action for community health.* Public Health Reports, Vol. 76, January 1961, pp. 67-72.

In Anne Arundel County, Md., lay health associations maintain and support 10 community health centers built largely by their own efforts. Only 2 of their 10 buildings were financed by well-to-do philanthropists. With services provided by a combination of volunteers and the county, maintenance and management of the health centers are assumed by lay health associations,

which now own nine of the buildings. A countywide lay health council, representing the neighborhood associations, has functioned since 1946. There appear to be few if any parallel situations in other parts of the country, although other communities have formed lay health associations. The Anne Arundel phenomenon is discussed as a factor in public health administration.

KULCZYCKI, L. L. (Harvard Medical School), and MACLEOD, K. I. E: *Cystic fibrosis: a community challenge.* Public Health Reports, Vol. 76, January 1961, pp. 85-90.

Cystic fibrosis weighs heavily upon the afflicted families. It warrants a program of aid for the individual patient and assistance to the family income to meet the expenses of necessary and continuous medical care. The community, acting through existing public health services, must help by providing for the early detection of the disease and developing facilities for casefinding, diagnosis, and treatment. A standardized nomenclature of this disease and proper pathological and statistical coding are needed. Uniform channeling of the statistical data currently available and continuously developing through followup studies is urgent.

Owing to the complexity of the disease and the difficulty in the correlation and interpretation of the clinical and labora-

tory findings, it is postulated that the diagnosis and management of the patient affected with cystic fibrosis should be supervised by physicians who have specialized knowledge of this relatively new clinicopathological entity. Several pediatric centers have accumulated much experience in handling the overall problem of cystic fibrosis. But any such service, particularly the supervision of nutrition, rehabilitation, breathing therapy, proper bronchial drainage, and adequate use of mist and aerosol spray, requires considerable cooperation on behalf of the patient by the parent, properly trained physician, nurse, and physiotherapist. The voluntary organization of parents and interested citizens has an important function in the development of these needed services.

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